



Dear Employee:

Welcome to **EMPLOYEE ASSISTANCE**. We will be meeting for about an hour to discuss any issues of concern to you. There is no fee to you for any of your contacts with **EA**.

Please take a few moments to complete this information before we meet. This information is needed for your **EA CONFIDENTIAL** file. This information does NOT become part of your Corporate Health or Human Resource file. It is only for EA use in working with you, or to expedite a referral **WITH YOUR PERMISSION**.

The information contained on the third page will be used anonymously to compile statistical data about those persons using the program. Your name will not be attached to it in any way. Your cooperation and accuracy will aid in developing our future program design.

Thank you for your cooperation. Please return these forms to the receptionist and someone will be with you shortly.

Employee Assistance Staff

Name: Deborah Ann Moss Date: 2-15-17  
Home Address: 63 Salem Crt. HINCKLEY 44233  
Home Phone: (330) 225-9597 Date of Birth: 05/11/31 1965  
Emergency Contact: Bruce Moss Contact Phone: (313) 591-0766  
Hospital/Facility: Parma Medical Department: BCOA  
Supervisor (optional): Kathy Holly Position: Rehabilitation Therapist  
Duty Phone: 440-743-4335

Health Plan Coverage: Anthem ☒ Yes ☐ No  
Other Insurance? \_\_\_\_\_

May we contact you at work? ☒ Yes ☐ No  
May we contact you at home? ☒ Yes ☐ No  
Referral Source: \_\_\_\_\_

\*\*\*\*\*  
--- FOR EAP USE ---when referral is made via Anthem ---

Provider: \_\_\_\_\_ No. of Visits: \_\_\_\_\_ Authorization #: \_\_\_\_\_

NAME: Deborah Ann Moss DATE: 2-15-17  
SS#: [REDACTED] PHONE: (313) 225-9597 WORK: (414) 743-4335

1. MARITAL STATUS: (Check One)

☐ Single ☒ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Living w/Someone

Spouse's/partner's name: Bill Moss

2. CHILDREN: (Complete Only If You Have Children)

Name of Child	Age	Does Child Live With You?
<u>Kyle</u>	<u>19</u>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<u>Tyler</u>	<u>14</u>	<input checked="" type="radio"/> Yes <input type="radio"/> No
		Yes No

3. Briefly describe your problem and your reason for contacting us at this time:

referral by manager chr - Tarma

4. Check the areas that have been affected by this problem:

☐ Marriage/Partner ☐ Emotional/Physical Health  
☐ Family/Friendships ☐ Financial Situation  
☐ Job/School Performance ☐ Legal Situation

Please explain:

\_\_\_\_\_  
\_\_\_\_\_

5. What counseling or treatment have you had before?

\_\_\_\_\_  
\_\_\_\_\_

Was it helpful? ☐ Yes ☐ No

6. What other ways have you tried to handle this problem?

\_\_\_\_\_  
\_\_\_\_\_

7. What do you hope to accomplish by coming here?

Keep my job

Year \_\_\_\_\_

### EA UTILIZATION

The information on this form is anonymous and is kept strictly confidential. It is used solely for maintaining statistical records. Please respond by placing a check in the appropriate box for each category.

#### I HAVE BEEN TO EAP BEFORE

01 \_\_\_ Yes 02 ☒ No

#### YOUR PRESENT JOB STATUS

01 ☒ Employee  
02 \_\_\_ Family member of employee  
03 \_\_\_ Retiree  
04 \_\_\_ Other

#### I WAS REFERRED BY

01 \_\_\_ Self  
02 \_\_\_ Co-worker  
03 \_\_\_ Employee Relations  
04 \_\_\_ Employee Advisor  
05 \_\_\_ Supervisor Suggestion  
06 ☒ Mandatory Supervisory Referral  
07 \_\_\_ Other, please specify \_\_\_\_\_

#### SEX

01 ☒ Female 02 \_\_\_ Male

#### RACE

01 ☒ Caucasian  
02 \_\_\_ African American  
03 \_\_\_ Hispanic  
04 \_\_\_ Native American  
05 \_\_\_ Asian or Other

#### MARITAL STATUS

01 \_\_\_ Single  
02 ☒ Married  
03 \_\_\_ Separated  
04 \_\_\_ Divorced  
05 \_\_\_ Widowed  
06 \_\_\_ Co-habitation

#### EDUCATION

01 \_\_\_ High School Graduate or GED  
02 \_\_\_ Some College  
03 ☒ College Graduate  
04 \_\_\_ Some Graduate School  
05 \_\_\_ Graduate Degree

#### EMPLOYMENT STATUS

01 \_\_\_ Full-time 02 ☒ Part-time

#### I HAVE HAD THE FOLLOWING CORRECTIVE ACTION IN THE PAST TWO YEARS

01 \_\_\_ Confirmation of Counseling  
02 \_\_\_ Warning  
03 \_\_\_ Suspension or Final Warning  
04 \_\_\_ Discharge  
05 \_\_\_ I Resigned  
06 ☒ No Corrective Action

#### OCCUPATIONAL STATUS

01 \_\_\_ Executive  
02 \_\_\_ Manager  
03 \_\_\_ Supervisor  
04 \_\_\_ Regular Salaried  
05 ☒ Regular Hourly  
06 \_\_\_ Retiree

#### LENGTH OF SERVICE

01 \_\_\_ Under 1 year  
02 \_\_\_ 1-3 years  
03 \_\_\_ 4-6 years  
04 \_\_\_ 7-9 years  
05 \_\_\_ 10-15 years  
06 ☒ 16+ years

#### SHIFT

01 ☒ Days  
02 \_\_\_ Evenings  
03 \_\_\_ Nights  
04 \_\_\_ Rotating  
05 \_\_\_ Other

#### SALARY

01 \_\_\_ Under 10,000  
02 \_\_\_ 10,000-14,999  
03 \_\_\_ 15,000-19,999  
04 \_\_\_ 20,000-24,999  
05 ☒ 25,000-29,999  
06 \_\_\_ 30,000-39,999  
07 \_\_\_ 40,000-49,999  
08 \_\_\_ 50,000+

#### SUBSIDIARY/HOSPITAL

01 \_\_\_ UHCMC  
02 \_\_\_ UH - Bedford  
03 \_\_\_ UH - Brown Memorial  
04 \_\_\_ UH - Chagrin Hglds  
05 \_\_\_ UH - Conneaut  
06 \_\_\_ UH - Extended Care  
07 \_\_\_ UH - Geauga  
08 \_\_\_ UH - Geneva  
09 \_\_\_ UH - Home Care Services  
10 \_\_\_ UH - Richmond  
11 \_\_\_ UH - UHMG  
12 \_\_\_ UHMSO



University Hospitals™

## Employee Assistance Intake Form

Date: 2-15-17  
Employee: Debbie Moss  
EAP Counselor: Kathleen  
Phone: \_\_\_\_\_

### Type of Referral:

A: Self

B: Tier I Mandatory

C: Tier II Mandatory

Supervisor: Kathy Holley  
Supervisor Phone: \_\_\_\_\_

### 1.) Presenting Problems:

FFD-tier I med due to visual limitations concerning being able to perform functions of job  
As rec tx on geropsych unit, with 20yr dx Stargard syndrome teens, 10-11 loss

### 2.) Psychiatric & Substance Abuse Hx (current and past):

Psychiatric Tx Inpatient	Yes <input checked="" type="radio"/>	No <input type="radio"/>
Psychiatric Tx Outpatient	Yes <input checked="" type="radio"/>	No <input type="radio"/>
Suicidal/Homicidal Ideation	Yes <input checked="" type="radio"/>	No <input type="radio"/>
Domestic violence	Yes <input checked="" type="radio"/>	No <input type="radio"/>
Child abuse	Yes <input checked="" type="radio"/>	No <input type="radio"/>
Sexual abuse	Yes <input checked="" type="radio"/>	No <input type="radio"/>
Affective disorder	Yes <input checked="" type="radio"/>	No <input type="radio"/>
Anxiety disorder	Yes <input checked="" type="radio"/>	No <input type="radio"/>
Evidence of psychosis	Yes <input checked="" type="radio"/>	No <input type="radio"/>
Substance Abuse/Alcoholism	Yes <input checked="" type="radio"/>	No <input type="radio"/>

EAP sent 12 yrs ago about farm tx -IMPACT

### 3.) Medical Hx (current and past):

Stargard syndrome lost central vision still has peripheral vision, vision issues since 10-11yo

### Medications/Psych Medications

### 4.) Family Psychiatric & Substance Abuse Hx (current and past):

MA

### 5.) Background Information, Home Environment, Social Support:

Throckley Women Club, Travel, Italy Oct - 25 Ann.  
Dancing, Church  
mom-daughter NV bro, sister, husband from all local close  
Columbus VA

### 6.) Relationship Hx/Marital/Sexual/Social Factors (current and past):

met thru dating service mail, married 25 2 sons 19 TSA agent, 14yo junior High  
Spouse had autism Parma School

### 7.) Educational & Employment Hx/Problems/Stressors (current and past):

Rec + Leisure Services concentration in therapeutic rec not certificated  
81 Back Rent,

### 8.) Legal/Financial Problems:

own home w/ 5500

UNIVERSITY HOSPITALS EAP INTAKE FORM

S:\DHES-SafetyOffice\PRINTING Quotes&Orders\EAP Orders\Forms\EAP Intake Form.pdf

Revised 03/09

CONFIDENTIAL

UH-MOSS 1449



INDIVIDUAL CLIENT PSYCHO-SOCIAL-EMOTIONAL-STATUS

General Appearance:	appropriate	inappropriate (specify):
Dress:	appropriate	meticulous, inappropriate, eccentric, seductive, slovenly, dirty
Interview behavior:	appropriate	angry, suspicious, silly, evasive, sensitive, impulsive, passive-aggressive, withdrawn, naïve, uncooperative, demanding, negative, seductive, defensive, manipulative, hostile, dramatic
Motor behavior:	appropriate	restless, agitated, tics, tremor, listless, slow
Speech:	appropriate	excessive, loud, soft, slurred, stuttering, repetitious, mute, circumstantiality, excessively irrelevant detail
Thought:	appropriate	blocking, tangential, perseverance, indecision, flight of ideas, loose association, grandiose, hallucination, delusions, illusions
Mood:	appropriate	sad, depressed, anxious, angry, irritable, elated, labile, dysphoric, euphoric
Affect:	appropriate	constricted, normal range, appropriate to context, flat, shallow
Orientation:	time place person	yes no yes no yes no
Intellectual level:	normal	above normal below normal
Memory:	good	fair poor
Insight:	good	fair poor
Judgment:	good	fair poor

Impressions/Recommendations/Follow-up:

*assess, appropriate unit*

Client cooperative status and paid 20 hrs/week work CBSV I. Range monitor close circuit TV, new keyboard request admits can't see ches staff + pt's voice facial expressions but has always been this way, runs groups solo, agreeable PCP to PCP + ophthalmologist HR Employee Health manager-care coordinator + dis manage. Still volunteer help shuttles fully, includes home cooks + cleans hrs colonial home-adapts by memorizing names to code, volunteer read email 1x week with new copier, flat screen can't use now. NP to Illuz PCP + ophthalmology.st@ColumbiaEyeInst.tube @CC. Med FFD

Cherene Kahlbach, LSW, CERP  
Clinician

2-15-17  
Date